



Public Meeting Minutes
October 11, 2021
6:00 - 8:00 pm (Virtual Meeting)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Harold Odhiambo – Chair
Fabiola Arreola – Vice Chair
Dave Aguayo – Treasurer

Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Kerry Hoeschen – Member-at-Large

Darrell Wade – Board Member
Susana Mendoza – Board Member
Brandi Velasquez – Board Member

Tahsa Wheatt-Delancy - Executive Director, Community Health Center (ICS)

Board Members Excused/Absent: None

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:01PM A quorum was established. Lucia and Victor in attendance (Spanish interpreter)	N/A	N/A	N/A
Minutes Review - VOTE REQUIRED Review September Public Meeting minutes for omissions/errors	Chair Odhiambo asked for approval or changes to the minutes.	Motion to vote as presented: Tamia Second: Brandi Yays: 9 Nays: 0 Abstain: 0 Decision: Approved		
HRSA HC Program Budget Addendum - VOTE REQUIRED	Budget Period Renewal - Revision: 9.8 v 9.6 million previously approved.	Motion to vote as presented: David Second: Tamia		

<p>Jeff Perry, Chief Financial Officer, ICS</p>	<p>What is the BPR?</p> <ul style="list-style-type: none"> • Non-competing continuation application for budget period 1/1/22-12/31/22 • Funds Community Health Center and Healthcare for the Homeless programs • In 2018 Service Area Competition (SAC) application approved for 1/1/19-12/31/21 • Performance period extended one year • Submitting BPR in FY 2022, then SAC for FY23. • This grant supports <ul style="list-style-type: none"> ○ Salaries and fringe for 70+ CHC staff ○ Substance abuse treatment services contract ○ Indirect costs <p>With a “YES” vote. . .</p> <p><i>We will submit the application required for an extension of Health Center Program funding that supports operation of current sites and services.</i></p> <p>With a “NO” vote. . .</p> <p><i>We will not meet requirements for extended funding, thereby reducing critical funding for Health Center Program sites and services.</i></p> <p>A question was raised of whether this budget was already approved by the health center back in August? The 9.6 million is a modest increase to what was already approved, this includes HRSA rolling the Behavioral Health grant into our base grant.</p>	<p>Yays: 9 Nays: 0 Abstain: 0</p> <p>Decision: Approved</p>		
<p>Sports Medicine - Removal from Scope - VOTE REQUIRED Debbie Powers – Director of Nursing</p>	<p>This is a request to approve a change in scope for sports medicine at 2 health centers: Mid co. and NE Health Centers; This was a contract from approx year 2015, low volume at those sites.</p> <ul style="list-style-type: none"> • In the past, ICS has had 2 OHSU sports medicine doctors providing non-operative orthopedic consults. This service has not been 	<p>Motion to vote as presented: David Second: Darrell</p> <p>Yays: 8 Nays: 0</p>		

	<p>provided since the onset of the pandemic as it needed space and staffing.</p> <ul style="list-style-type: none"> • Since pandemic, clients are now receiving these services externally by referral • In FY 2020, 228 hours paid, 315 patients seen • The HC takes a significant financial loss from having this program in place. • In FY 2020, we paid \$51,300 to OHSU, we received payment for \$26,207, for a net loss of \$25,093 • In FY 2019, the net loss was \$51,00 <p>With a “YES” vote. . .</p> <p><i>ICS will submit a change in scope request to HRSA to remove Sports Medicine as a service provided by the health center and continue to refer externally (joint injections, etc.)</i></p> <p><i>ICS Leadership will consider other options for musculoskeletal services for our clients (and conduct needs assessment to determine the demand)</i></p> <p>With a “NO” vote. . .</p> <p><i>ICS will need to strategize how to restart these services and make them financially neutral.</i></p> <p>There was a discussion of whether the shortfall was attributable to the pandemic and the difficulty getting to see specialists now has become.</p> <p>Answer: Some services were made available to neighboring clinics but clients couldn't get there or increase the services due to the provider time and lack of reimbursement. Possible uptick post pandemic. The service need is just not as great as originally thought. Medical directors are looking at how to bring in providers that can administer injections - which is the main need.</p>	<p>Abstain: 1</p> <p>Decision: Approved</p>		
<p>Mobile Services - ARPA Scope Change - VOTE REQUIRED</p>	<p>Currently ICS has no mobile services. Receiving care at clinic sites can be problematic for those unable to plan, get transportation and/or are houseless. A mobile van can provide low barrier care to physically</p>	<p>Follow up with the team to provide info on the costs</p>		

<p>Ryan Linskey, Program Supervisor, Primary Care</p>	<p>drive into the community and meet people where they are at. ICS was awarded a capital expense 3 year grant to purchase, outfit and staff a mobile clinic. We have ARPA funds to staff the clinic and we currently have healthcare for the homeless funds. for care delivery.</p> <p>“Extended” Mobile Services</p> <ul style="list-style-type: none"> • directly observed therapy • harm reduction activities • homeless outreach • HIV/HCV testing and treatment referral <p>“Expanded” Mobile Services</p> <ul style="list-style-type: none"> • provide comprehensive primary services • dental preventive services to migrant workers • dental services at school health locations <p>• healthcare for homeless services at camps</p> <p>Expanded Services would require change in scope and additional funding</p> <p>Extending existing programs would require pulling staff from current assignments, and would impact our brick-and-mortar operations</p> <p>A “YES” vote would. . .</p> <p>allow us to continue to plan and purchase the mobile van / clinic to provide current services.</p> <p>A “NO” vote would. . .</p> <p><i>maintain established clinical services and locations.</i></p> <p>Discussion was had about the costs per visit as compared to traditional programs, ways to reduce overhead costs, electric vehicles and what happens once the grant runs out.</p> <p>Since this vote is solely on expanding the scope, that info will be provided in the operational planning phase, i.e., cost per visit, staffing</p>	<p>per visit as compared to traditional program once moved to the planning phase.</p> <p>Motion to vote as presented: Tamia Second: Fabiola</p> <p>Yays: 9 Nays: 0 Abstain: 0</p> <p>Decision: Approved</p>		
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	<p>matrix to ensure a sustainable plan. Can also anticipate future discussions of partnerships to target houseless outreach, mobile services to migrant population and potential dental care. We will bring the plans back to future meetings for Board updates</p>			
<p>REDI Initiative Update Bee Yakzan, Equity Program Manager, ICS</p>	<p>REDI (Racial Equity Diversity Inclusion) is the Health Center's initiative to focus on eliminating institutional racism and racial inequity within Multnomah County's community health centers.</p> <p>Race and ethnicity remain the top indicators of both access to healthcare and health outcomes. By centering our efforts to lead with race, we are committing to taking on the root causes of inequities within our community health centers and to focus where we can to have the biggest impacts.</p> <p>Integrated Clinical Services (ICS) will develop task forces to effectively meet the needs of the health center population, directly address systemic racism in healthcare, and continue the legacy of community health centers.</p> <p>Focus Areas & Project Deliverables</p> <ul style="list-style-type: none"> • Eliminate racial inequities in ICS policies, procedures and practices • Develop clinical practices centered on racial and health equity • Establish training and development opportunities • Build infrastructure to support racial equity • Develop sustainable health center culture centered on racial equity <p>In discussion of the initiative, members were reminded that they emphasized health equity in their strategic planning and that this is one initiative towards those efforts. Staffing shortages could impact the rollout schedule.</p> <p>Rollout Timeline: June 2020-June 2021</p>	<p>Provide regular updates to board on rollout and progress</p>		
<p>FY21 Financial Report Jeff Perry, Chief-Financial-Officer, ICS</p>	<p>Highlights</p> <ul style="list-style-type: none"> • Ended FY June 30 2021 with a surplus of about 3.4 million • 2 million loss in Admin. • 2.4 million loss in ... 			

	<ul style="list-style-type: none"> Dental received 7.5 million in provider relief; used a lot of that to shore up revenue losses Beginning the year with working capital (BWC) 8.4 million carry over. 			
Monthly Budget Report Jeff Perry, HC Chief-Financial-Officer	<p>August 2021 - Monthly Highlights</p> <p>Since (July/Aug) are wedged between the year-end close and the new enterprise fund implementation - some of the numbers have not caught up and should be in September's report.</p> <ul style="list-style-type: none"> Below target for expenses; expense totals still catching up. Loss approx 52K Grant revenue is still a bit behind - Health Department soon to be caught up on applying the revenue. Expense still tracking a bit behind from internal services. In better fiscal shape going into August this year compared to last. Dental expenses were hard hit during Covid. snapshot of uninsured visits for primary care running slightly above target; dental is running below target. Payer mix for primary care - CareOregon is roughly 60% of payer mix. Trillium in FY 22 ticking upward as more of the payer mix. OHP Clients assigned by CCO- CareOregon running about 42K; Trillium 2900; total around 45K 			
COVID/ICS/Strategic Updates Tasha Wheatt-Delancy, Executive Director, ICS	<ul style="list-style-type: none"> Trillium recruiting for their Community Advisory Council (CAC) Ramping Down Vaccine Clinics - see slide Current staffing shortages - workforce capacity \$1.1 M Capital Expenses Grant Awarded to the Health Center - focusing on capital expenses (mobile van, generators and freezers at mid county and NE health centers) Co-Applicant agreement approved by both Boards. - BCC also reviewed this agreement; Francisco will be sending copies to all members. All compliance materials have been submitted to HRSA on October 4 deadline. May take a few weeks to hear back. Joint Commission Lab Audit/Response - surveyors said "your staff is your greatest asset" Monoclonal Antibody Treatment (pilot)- offering under skin treatment for Covid 19 positive individuals with mild to moderate 			

	<p>symptoms within 10 days of symptoms.</p> <ul style="list-style-type: none"> • Covid-19 Testing & Vaccine Update 10/16; <i>Total of 7,729 tests since March 2020, Cumulative positive rate 23% since March; September positive rate was 15% and is close to our peak in Oct/Nov 2020.</i> <p>A discussion was had about offering hiring bonuses.</p> <p>Answer: ICS is drafting a proposal to HR. Multco is competing with other counties and institutions for the same pool of candidates.</p> <p>A question was asked about flu vaccine availability at all of the clinics.</p> <p>Answer: HC has vaccines at all clinics. We're trying to figure out how to coordinate alongside Covid vaccines. Confirmation from CDC that flu and Covid vaccines can be administered at the same visit.</p>			
<p>Council Business Chair, Harold Odhiambo</p>	<ul style="list-style-type: none"> • Thank you to ICS leadership for meeting all the HRSA deadlines. • Fabiola has accepted the position of nominating committee Chair. Bee has also joined the committee. • Board Retreat scheduled for Saturday, Nov. 13.; virtual retreat is still in logistic planning - you'll get emails in the next couple weeks; outreach to members to assess tech needs and access • Harold talked with Chair Kafoury who committed to let CHCB invite one county commissioner into partnership discussions; we will conduct outreach to the commissioners to elicit interest. <p>Question was asked about the Emergency meeting minutes which will be shared with the full board once reviewed by the Executive Committee.</p>			
<p>Meeting Adjourns</p>	<p>The Board Chair adjourned the meeting at 7:48 PM. The next public meeting will be on November 8, 2021 via Zoom.</p>			

Signed: _____ Date: _____
Pedro Prieto Sandoval, Secretary

Signed: _____ Date: _____
Harold Odhiambo, Board Chair

Scribe taker name/email: Jodi Shaw, jodi.k.shaw@multco.us